

See Instructions and *Privacy Statement on separate docushare document

CLAIMANT'S NAME Patrick W. Henning				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT EDD					
POSITION Director				BARGAINING UNIT Exempt				DIVISION OR BUREAU Director's Office				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE 83	
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 800 Capitol Mall				TELEPHONE NUMBER					
CITY Sacramento				STATE CA		ZIP CODE 95814							

(1) MONTH/YEAR Mar 2009	(2) Date	(3) Time	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LOGGING	(6) MEALS			(7) INCIDENTALS	(8) TRANSPORTATION				(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	O.T., L.T., RELO. or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
	9	0600	Sacramento to Washington, DC				10.00	18.00						28.000
			Lodging- Washington Court	239.00										239.000
			Lodging room tax	34.66										34.660
			Subway to hotel						2.15	R				2.150
	10		Washington, DC		6.00	10.00	18.00	6.00						40.000
			Lodging- Washington Court	239.00										239.000
			Lodging room tax	34.66										34.660
	11	2350	Wash. DC to Sacto		6.00	10.00	18.00	6.00						40.000
			Subway to airport						2.15	R				2.150
			Airport Parking Sac International								27.00			27.000
(10) SUBTOTALS				547.32	12.00	30.00	54.00	12.00	4.30		27.00			\$686.62
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$686.62	

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary				(12) NORMAL WORK HOURS					
At the request of the US Secty of Labor				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	0800-1700			
				03810	530	686.62	000	100		(13) PRIVATE VEHICLE LICENSE n/a			
to discuss CA programs & funding issues										(14) MILEAGE RATE CLAIMED \$0.550			
Airline billed to State Agency										AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
				Total	686.62	Document Reference		Prepared By					
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.													

CLAIMANT'S SIGNATURE 		DATE 3-17-09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 		DATE 3/19/09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)					